

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006110

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 3030 Registrar's No. 51

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Marthasville</u>	
Length of stay in 1b <u>5 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. 2</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Leslie</u> Last <u>Reed</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>27</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/6/1914</u>
9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Metal Factory, Fredaricksburg, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>W. S. G.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Samuel Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Cordray</u>	
13c. NAME OF HUSBAND OR WIFE <u>Reed</u>		14. SOCIAL SECURITY NO. <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Wheneff Reed, Marthasville, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
IMMEDIATE CAUSE (a) <u>Diabetes Coma</u>		
DUE TO (b) <u>Diabetes Mellitus</u>		
DUE TO (c) <u>Syncope</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Sclerosis</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>Feb 25/62</u> to <u>Feb 27/62</u> and last saw him alive on <u>Feb 26/62</u> Death occurred at <u>5:35 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>F. J. Muehle</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>205 Elm Washington Mo.</u>	22c. DATE SIGNED <u>2/27/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>MAR. 1, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Vincent Cemetery, Dutzow, Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u>
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FUNERAL DIRECTOR <u>Heberling &amp; Co., Inc., Washington, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7/28/62</u>	26. REGISTRAR'S SIGNATURE <u>L. H. J. J.</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1962

MAR 27 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lester A. Vitt*

Licensed Embalmer No.

*3254*

P. O. Address

*Washington, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.